

Application for a Permit to Manufacture, or Ship Bedding Products into Delaware in conformance with Title 16, Chapter 21, <u>Delaware Code</u>.

<u>COMPLETE ENTIRE APPLICATION</u> AND RETURN TO: <u>ALL THE ITEMS MUST BE COMPLETED</u>

DIVISION OF PUBLIC HEALTH HEALTH SYSTEMS PROTECTION

P.O. BOX 637 DOVER, DE 19903 PHONE: 302-744-4546

1.	BUSINESS NAME & MAILING ADDRESS:
2.	DO YOU MANUFACTURE YOUR OWN BEDDING PRODUCTS?YESNO
<i>3</i> .	LIST ALL <u>BEDDING</u> PRODUCTS MANUFACTURED & SHIPPED INTO DELAWARE:
4.	ATTACH COPIES OF BEDDING TAGS FOR EACH UNIFORM REGISTRY NUMBER – TAGS <u>MUST</u> BE ATTACHED. NUMBER OF TAGS ATTACHED TO APPLICATION:
5.	IF TAGS ARE NOT ATTACHED, PAPERWORK WILL BE RETURNED TO YOUR COMPANY PHYSICAL LOCATION OF PLANTS (LIST ALL PLANT SITES WHERE YOU MANUFACTURE BEDDING PRODUCTS):
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6.	DO YOU DISTRIBUTE BEDDING PRODUCTS IN ADDITION TO MANUFACTURING PRODUCTS? YESNO
7.	DO YOU ONLY DISTRIBUTE BEDDING PRODUCTS MANUFACTURED BY OTHERS?YESNO
8.	LIST THE BUSINESS NAMES AND ADDRESSES OF <u>ALL</u> SUPPLIERS OF BEDDING PRODUCTS YOU DISTRIBUTE.
	IF YOU ANSWERED YES TO #6 OR 7, YOU MUST COMPLETE THIS ITEM. (USE EXTRA SHEET IF NECESSARY):
9.	DID YOU ENCLOSE A \$50 CHECK OR MONEY ORDER* MADE PAYABLE TO THE DIVISION OF PUBLIC HEALTH ? YESNO AMOUNT* ENCLOSED: \$
	
	ase be advised that each different Uniform Registry Number requires its own permit & \$50 permit fee.
Desig	nated Contact Person: PRINT ONLY (This section must be filled out or document will be returned.)
Nam	e:
Addr	ess:
Depa	rtment:
Phor	ne No. & Extension No.: ()
FAX	Number: E-Mail Address:
Date	: (da/mo/yr) / / Signature of Applicant:
Appl	icant - Do not write below this line.
APP	
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